was established and in effect as of September 30, 1991, or in accordance with a State law enacted or State regulation adopted as of September 30, 1991.

- (5) A State plan amendment submitted to HCFA by September 30, 1992 that increases aggregate disproportionate share hospitals payments in order to meet the minimum payment adjustments required by section 1923(c)(1) of the Act. The minimum payment adjustment is the amount required by the Medicare methodology described in section 1923(c)(1) of the Act for those hospitals that satisfy the minimum Federal definition of a disproportionate share hospital in section 1923(b) of the Act.
- (6) A State plan amendment submitted to HCFA by September 30, 1992 that provides for a redistribution of disproportionate share hospital payments within the State without raising total payments compared to the previously approved State plan. HCFA will approve the amendment only if the State submits written documentation that demonstrates to HCFA that the aggregate payments that will be made after the redistribution are no greater than those payments made before the redistribution.
- (7) A State plan amendment submitted to HCFA by September 30, 1992 that provides for a reduction in disproportionate share hospital payments.

§ 447.297 Limitations on aggregate payments for disproportionate share hospitals beginning October 1, 1992.

- (a) Applicability. The provisions of this section apply to the 50 States and the District of Columbia, but not to any State whose entire Medicaid program is operated under a waiver granted under section 1115 of the Act.
- (b) National payment target. The national payment target for disproportionate share hospital (DSH) payments for any Federal fiscal year is equal to 12 percent of the total medical assistance expenditures that will be made during the Federal fiscal year under State plans, excluding administrative costs. A preliminary national expenditure target will be published by HCFA prior to October 1 of each year. This preliminary national expenditure targetional expenditure targetions.

get will be superseded by a final national expenditure target published by April 1 of each Federal fiscal year, as specified in paragraph (d) of this section.

- (c) State disproportionate share hospital allotments. Prior to October 1 of each Federal fiscal year, HCFA will publish in the FEDERAL REGISTER preliminary State DSH allotments for each State. These preliminary State DSH allotments will be determined using the most current applicable actual and estimated State expenditure information as reported to HCFA and adjusted by HCFA as may be necessary using the methodology described in §447.298. HCFA will publish final State DSH allotments by April 1 of each Federal fiscal year, as described in paragraph (d) of this section.
- (d) Final national disproportionate share hospitals expenditure target and State disproportionate share hospitals allotments.
- (1) HCFA will revise the preliminary national expenditure target and the preliminary State DSH allotments by April 1 of each Federal fiscal year. The final national DSH expenditure target and State DSH allotments will be based on the most current applicable actual and estimated expenditure information reported to HCFA and adjusted by HCFA as may be necessary immediately prior to the April 1 publication date. The final national expenditure target and State DSH allotments will not be recalculated for that Federal fiscal year based upon any subsequent actual or estimated expenditure information reported to HCFA.
- (2) If HCFA determines that at any time a State has exceeded its final DSH allotment for a Federal fiscal year, FFP attributable to the excess DSH expenditures will be disallowed.
- (3) If a State's actual DSH expenditures applicable to a Federal fiscal year are less than its final State DSH allotment for that Federal fiscal year, the State is permitted, to the extent allowed by its approved State plan, to make additional DSH expenditures applicable to that Federal fiscal year up to the amount of its final DSH allotment for that Federal fiscal year.
 - (e) Publication of limits.

§447.298

- (1) Before the beginning of each Federal fiscal year, HCFA will publish in the FEDERAL REGISTER—
- (i) A preliminary national DSH expenditure target for the Federal fiscal year; and
- (ii) A preliminary DSH allotment for each State for the Federal fiscal year.
- (2) The final national DSH expenditure target and State DSH allotments will be published in the FEDERAL REGISTER by April 1 of each Federal fiscal year.

 $[57\ FR\ 55143,\ Nov.\ 24,\ 1992,\ as\ amended\ at\ 58\ FR\ 43182,\ Aug.\ 13,\ 1993]$

§ 447.298 State disproportionate share hospital allotments.

- (a) Calculation of State's base allotment for Federal fiscal year 1993.
- (1) For Federal fiscal year 1993, HCFA will calculate for each State a DSH allotment, using the State's "base allotment." The State's base allotment is the greater of:
- (i) The total amount of the State's projected DSH payments for Federal fiscal year 1992 under the State plan applicable to Federal fiscal year 1992, calculated in accordance with paragraph (a)(2) of this section; or
 - (ii) \$1,000,000.
- (2) In calculating the State's DSH payments applicable to Federal fiscal year 1992, HCFA will derive amounts from payments applicable to the period of October 1, 1991, through September 30, 1992, under State plans or plan amendments that meet the requirements specified in §447.296(b). The calculation will not include—
- (i) DSH payment adjustments made by the State applicable to the period October 1, 1991 through December 31, 1991 under State plans or plan amendments that do not meet the criteria described in § 447.296; and
- (ii) Retroactive DSH payments made in 1992 that are not applicable to Federal fiscal year 1992.
- (3) HCFA will calculate a percentage for each State by dividing the DSH base allotment by the total unadjusted medical assistance expenditures, excluding administrative costs, made during Federal fiscal year 1992. On the basis of this percentage, HCFA will classify each State as a "high-DSH" or "low-DSH" State.

- (i) If the State's base allotment exceeded 12 percent of its total unadjusted medical assistance expenditures made under the State plan in Federal fiscal year 1992, HCFA will classify the State as a "high-DSH" State.
- (ii) If the State's base allotment was 12 percent or less of its total unadjusted medical assistance expenditures made under the State plan in Federal fiscal year 1992, HCFA will classify the State as a "low-DSH" State.
- (b) State disproportionate share hospital allotments for Federal fiscal year 1993. (1) For Federal fiscal year 1993, HCFA will calculate a DSH allotment for each low-DSH State that equals the State's base allotment described under paragraph (a) of this section, increased by State growth, as specified in paragraph (d) of this section.
- (2) For high-DSH States, the dollar amount of DSH payments in Federal fiscal year 1993 may not exceed the dollar amount of DSH payments applicable to Federal fiscal year 1992 (that is, the State base allotment).
- (c) State disproportionate share hospital allotment for Federal fiscal years 1994 and after. For Federal fiscal years 1994 and after—
- (1) For low-DSH States, HCFA will calculate the DSH allotment for each Federal fiscal year by increasing the prior year's State DSHs allotment by—
- (i) State growth, as specified in paragraph (d) of this section; and
- (ii) A supplemental amount, if applicable, as described in paragraph (e) of this section.
- (2) For high-DSH States, the dollar amount of DSH payments applicable to any Federal fiscal year may not exceed the dollar amount of payments applicable to Federal fiscal year 1992 (that is, the State base allotment). This payment limitation will apply until the Federal fiscal year in which the State's DSH payments applicable to that Federal fiscal year, expressed as a percentage of the State's total unadjusted medical assistance expenditures in that Federal fiscal year, equal 12 percent or less. When a high-DSH State's percentage equals 12 percent or less, the State will be reclassified as a low-DSH State.